



Maryland Breastfeeding Friendly Workplace Award Application

Name of Organization: _____

Type of Organization: _____

Number of Employees in Maryland: _____

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

E-mail: _____

1. **Does your organization have guidelines or other documents explaining that yours is a Breastfeeding Friendly organization?** If so, please attach. If you have a document, please provide a copy. (A sample breastfeeding guideline is enclosed with the Employee Tool Kit packet and can also be obtained from our website at: <http://www.MarylandBreastfeeding.org>)
Yes ☐ No ☐

2. **Does your business have a flexible work schedule so that breaks and work patterns can be adjusted to provide time for employees who are breastfeeding to express milk?** (*Most moms will need approximately 30 minutes every 3 to 4 hours during the workday to express milk. Some businesses allow extra breaks for breastfeeding moms to pump milk. Others have employees increase their morning and afternoon breaks by shortening their lunches or by arriving to work 15 minutes earlier and leaving 15 minutes later.*)
Yes ☐ No ☐

If yes, please explain: _____

3. **Does your business have a private, accessible, designated location for expression of breast milk?** (*A clean private room with a locking door, an electric outlet, and a comfortable chair can function as breast-pumping room.*)
Yes ☐ No ☐
4. **Does your business provide a clean, safe water source and a sink for hand washing and cleaning of breast milk collection devices in a nearby accessible area?** (*When a sink in the breast-pumping room is not available, a nearby break area or restroom can be used for washing.*)
Yes ☐ No ☐

5. **Where will employees store their pumped breast milk?**
Cool safe area free from contamination ☐ Ice chest ☐

Refrigerator in a secure location ☐ Employee-provided cooler ☐
6. **How does your organization inform employees about your Worksite Breastfeeding Program?**
Signs ☐ Newsletter ☐ Employee Orientation ☐ Staff Training ☐

Other ☐ Specify: _____

Optional Questions

7. **Does your organization offer prenatal or postpartum classes on breastfeeding to employees?** (If you are interested in learning about community breastfeeding classes in your area, call the local hospital and ask for the lactation consultant or prenatal education department or review Resources at www.MarylandBreastfeeding.org)
Yes ☐ No ☐
8. **Does your organization utilize the services of a Lactation Consultant? (To find a Lactation Consultant in your area, see the International Lactation Consultant Association website at: www.ilca.org.)**
Yes ☐ No ☐
9. **Does your organization provide on-site child day care?**
Yes ☐ No ☐

If yes, has staff been trained in the handling of human milk?
Yes ☐ No ☐
10. **Please indicate anything else your organization does to promote breastfeeding?** _____

Thank you for your interest in supporting Breastfeeding in Maryland.

Please return your application to:

Department of Health and Mental Hygiene
201 West Preston Street, Room 309
Baltimore, Maryland 21201
Attn: Mary D. Johnson

For questions regarding this application, contact Mary Johnson at 410-767-5581 or MDJohnson@dhmh.state.md.us